

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

POLICY AND PROCEDURE DIRECTIVE

SUBJECT: GIFT FUND

NUMBER: NN-FM-10

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ORIGINAL DATE: 06/12/91

REVIEW/REVISE DATE: 06/09/95, 11/17/98, 04/01/04, 01/04/07, 2/18/10

APPROVAL: Rosalynne Reynolds {s} Agency Director

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I. PURPOSE

The purpose of this directive is to identify the funding and structure of the Gift Fund, and how the funds are accessed for use.

II. POLICY

It is the policy of the Northern Nevada Adult Mental Health Services (NNAMHS) to maximize the benefit of gifts and donations by depositing these funds to the gift fund.

III. DEFINITIONS

Gift Fund-433A.100-The Department of Health and Human Services (DHHS) gift fund is a trust fund created for the deposit of all gifts or grants of money or other property which the divisions of DHHS are authorized to accept.

IV. REFERENCES

NRS 232a.355-433A.100-“Department of Health and Human Services Gift Fund”

V. PROCEDURE

1. The Department of Health and Human Services maintains a gift fund for the deposit of gifts or grants of money or other property donated to the department. The department

has established an account within the fund to account for donations to Northern Nevada Adult Mental Health Services.

2. Gifts may be spent only for the purpose of the agency named in the title of the account.
3. To insure equitable use of the funds, all disbursements must be approved by the NNAMHS Gift Fund Committee which approves the bi-annual budget. The bi-annual budget is written based upon requests submitted by any staff member.
4. The Gift Fund Committee is composed of:
  - a. Nursing Department Representative.
  - b. Out Patient Department Representative.
  - c. Purchasing Department Representative.
  - d. Administrative Services Officer III
5. The committee will elect its own chairperson and recording secretary. Meeting will only be held if considered necessary by any member of the committee otherwise; the chairperson will call committee members for an approval on a request to disperse funds.
6. The committee is responsible for ensuring that the balance of the Gift Fund is maintained at an adequate level for continued solvency. The minimum level shall not drop below \$150,000 at any given time.
7. Applications for the use of funds may be initiated by any staff member via a written request to the committee. Staff must have their Department Head approve the request prior to the request being submitted to the committee.
8. The committee will either approve or reject the request at their next meeting, or if immediate action is required, the chairperson will poll the members by telephone and record their vote on the request form. Staff will be notified of the status of their request via a written memo from the Committee chairperson following the committee meeting.
9. To insure appropriate use of funds, all disbursements must be approved in the following manner.
  - a. The ASO III will review the request and approve or deny based on the availability of funds.

- b. The chairperson will review the request and approve or deny based upon the bi-annual budget. The Director of Outpatient Services will review the request and approve or deny based on the requests compliance with the overall mission of the agency.

10. This process would be documented on the Tweedt Fund Request (see attached).

**TWEEDT FUND REQUEST**

DEPT. NAME \_\_\_\_\_

PURPOSE OF FUNDS\_\_\_\_\_

NUMBER OF CLIENTS TO PARTICIPATE OR BENEFIT\_\_\_\_\_

DATE OF ACTIVITY\_\_\_\_\_

DESCRIPTION OF ACTIVITY\_\_\_\_\_

SUPERVISION PROPOSED\_\_\_\_\_

SUGGESTED VENDOR\_\_\_\_\_

ESTIMATED COST\_\_\_\_\_

JUSTIFICATION\_\_\_\_\_

REQUESTED BY\_\_\_\_\_ DATE\_\_\_\_\_

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APPROVED DATE\_\_\_\_\_

P.O. #\_\_\_\_\_

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DISAPPROVED DATE\_\_\_\_\_

CHECK #\_\_\_\_\_

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TWEEDT FUND COMMITTEE CHAIRMAN